Check-In Evaluation Sheet

Instructions for the hub/site lead: Please follow up, using a phone call, email, Zoom, in person visit, or any other form of communication suitable for your site. Please use the following script as a guideline to evaluate the progress of the site. **Make sure to enter the data in Qualtrics or email this form to Ana at** **impactsofficeproject@gmail.com**

Weeks from the first simulation: \_\_\_\_\_\_\_\_\_ Date of the check-in: \_\_\_\_\_\_\_\_\_

Questions for you to ask the office site lead during the check-in:

Yes or No questions. Please score.

1. Did you have a meeting regarding the action item? □Yes □No
	1. With whom did you have the meeting? (Colleague, administrator, head nurse, office manager, pediatric champion, other \_\_\_\_\_\_\_\_\_\_\_\_\_\_)
	2. How was the check-in conducted? (Phone call, video/zoom conference, in person, etc.)
2. Was the step from the previous check-in accomplished? □Yes □No
	1. If no, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Did you **develop a plan or a timeline**, with specific steps, to work on the action item? □Yes □No
4. Did you **take any actual steps** towards the action item? □Yes □No
	1. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Did you use any resources? □Yes □No
	1. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Score: \_\_\_\_\_/5

Open-ended questions

1. Any barriers?
2. Any facilitators?
3. Any interesting incidents or emergencies? (e.g. 2 days after the simulation, a patient had a seizure)
4. Did you make any changes in your system besides the chosen action item?